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ABSTRACT

This guide is designed to help Hispanic community-based organizations (CBOs) begin Acquired Immune Deficiency Syndrome (AIDS) education and prevention activities. The following barriers to AIDS education in the Hispanic community are outlined: (1) the perception that AIDS is a gay, white, male disease; (2) the social stigma associated with high-risk behaviors; (3) the attitudes of the Catholic Church; (4) language, class, and cultural barriers; (5) the diversity of the Hispanic population; (6) the lack of culturally sensitive and appropriate prevention materials; (7) insufficient education of opinion leaders or community educators; (8) limited access to health care and health education and prevention programs; (9) limited research on sexual attitudes and behavior, and intravenous drug use, among Hispanics; and (10) limited agency access to funding, information, and resources. The following steps are outlined: (1) learn the basics about AIDS; (2) educate the CBO about AIDS; (3) identify local organizations with AIDS programs; (4) become involved in activities with other AIDS organizations; (5) assess Hispanic community needs; (6) develop a community plan for dealing with the AIDS crisis; (7) study and understand alternative roles for the CBO; (8) understand the implications and challenges of AIDS-related activities; (9) decide on the CBO's role or roles; (10) develop an organizational plan of action; (11) continue self-education; (12) develop networks; (13) become a voice for Hispanics; (14) find the money needed; (15) begin program implementation; and (16) monitor and assess regularly. A list of eight information sources and five worksheets are included. A separate sheet describing the La Raza AIDS Center's activities to develop a Hispanic AIDS education network is also included. (FMW)

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GETTING STARTED

Becoming Part of the AIDS Solution

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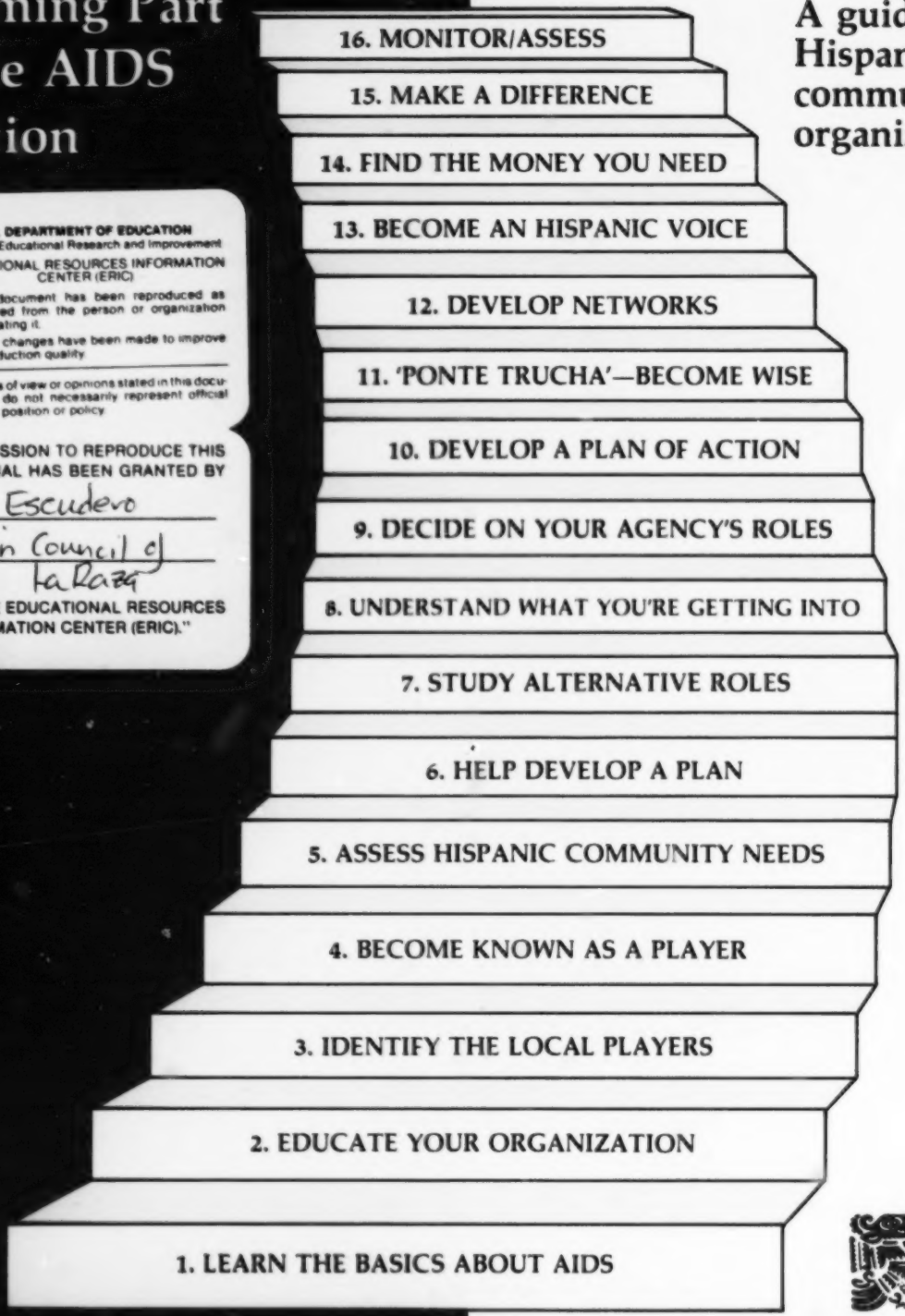
16. MONITOR/ASSESS
15. MAKE A DIFFERENCE
14. FIND THE MONEY YOU NEED
13. BECOME AN HISPANIC VOICE
12. DEVELOP NETWORKS
11. 'PONTE TRUCHA'—BECOME WISE
10. DEVELOP A PLAN OF ACTION
9. DECIDE ON YOUR AGENCY'S ROLES
8. UNDERSTAND WHAT YOU'RE GETTING INTO
7. STUDY ALTERNATIVE ROLES
6. HELP DEVELOP A PLAN
5. ASSESS HISPANIC COMMUNITY NEEDS
4. BECOME KNOWN AS A PLAYER
3. IDENTIFY THE LOCAL PLAYERS
2. EDUCATE YOUR ORGANIZATION
1. LEARN THE BASICS ABOUT AIDS

A guide for Hispanic community-based organizations

National Council of La Raza

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NATIONAL COUNCIL OF LA RAZA

The National Council of La Raza exists to improve life opportunities for the more than 20 million Americans of Hispanic descent. A nonprofit, tax-exempt organization incorporated in Arizona in 1968, the Council serves as a voice for Hispanic Americans and as a national umbrella organization for more than 100 "affiliates" -- Hispanic community-based groups which serve 32 states, Puerto Rico, and the District of Columbia -- and for other local Hispanic organizations nationwide. In addition to its Washington, D.C. headquarters, the Council maintains field offices in Los Angeles, Phoenix, and McAllen, Texas. The Council's network includes more than 4,000 Hispanic organizations and individuals nationwide.

The Council identifies four major program focuses: (1) applied research, policy analysis, and advocacy on behalf of all Hispanic Americans, carried out through the Policy Analysis Center; (2) capacity-building assistance to Hispanic organizations, entrepreneurs, and public officials, to help them obtain the skills and resources necessary to assist their communities; (3) public information activities designed to inform Hispanic communities and the general American public about Hispanic history and culture, contributions, status and needs; and (4) catalytic special and international projects, including an annual conference, coalition efforts and innovative projects which can often be "spun off" to become independent entities.

GETTING STARTED:
BECOMING PART OF THE AIDS SOLUTION

A GUIDE FOR HISPANIC COMMUNITY-BASED ORGANIZATIONS

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TABLE OF CONTENTS

I. PURPOSE OF THIS MANUAL. 1

II. UNDERSTANDING AIDS IN THE HISPANIC COMMUNITY: AN INTRODUCTION 2

III. GETTING INVOLVED: A STEP-BY-STEP GUIDE 6

1. Learn the basics about AIDS. 8
2. Educate your organization about the AIDS crisis. 8
3. Identify the local "players." 9
4. Become known as a "player." 10
5. Assess Hispanic community needs and gaps related to AIDS. 11
6. Help develop a community plan for dealing with the AIDS crisis. 12
7. Study and understand alternative roles for your organization. 13
8. Understand what you are getting into. 13
9. Decide on your agency's role or roles. 14
10. Develop a plan of action for your agency. 15
11. Ponte trucha -- become wise. 16
12. Develop networks. 16
13. Become a voice for Hispanics. 18
14. Find the money you need. 18
15. Begin to make a difference. 19
16. Monitor and assess regularly. 19

IV. RESOURCES 20

V. WORKSHEETS 22

I

PURPOSE OF THIS MANUAL

The National Council of La Raza established its AIDS Center in 1988 at the request of its national network of affiliates, more than 100 family-focused Hispanic community-based organizations who are concerned about the threat of AIDS in the Hispanic community. The AIDS Center exists to help local Hispanic organizations prevent the spread of HIV infection among Hispanic men, women, and children, through culturally sensitive and appropriate education and prevention efforts.

Some Hispanic organizations, including several Council affiliates, have been leaders in the fight against AIDS. Some have been working with AIDS patients and carrying out prevention efforts for three years or more. However, most Hispanic community-based organizations have only recently become aware of the magnitude of the problem of AIDS in the Hispanic community. They have learned of the disproportionate incidence of AIDS among Hispanics, and of the relationship between intravenous drug use and AIDS. As they have become more knowledgeable, they have also learned that Hispanics are overrepresented among persons who test positive for the HIV virus or have ARC (AIDS-Related Complex).

For many Hispanic groups, involvement in AIDS education and prevention activities represents entry into a new field. They may have no history of providing health services, or may provide only a specific type of health-related prevention project. Thus they may lack strong networks or even contacts in the public health field. While they often provide support services needed by people with AIDS, they may have little or no experience in assisting this population.

Yet these organizations are important participants in the AIDS network. Because most of they serve Hispanic men, women, and children, they have the potential for reaching populations engaging in behavior involving a high risk of HIV infection, and they understand the problems, concerns, and lifestyles of their Hispanic community. In addition, they are committed to becoming part of the AIDS solution, and effective providers of AIDS education and prevention services.

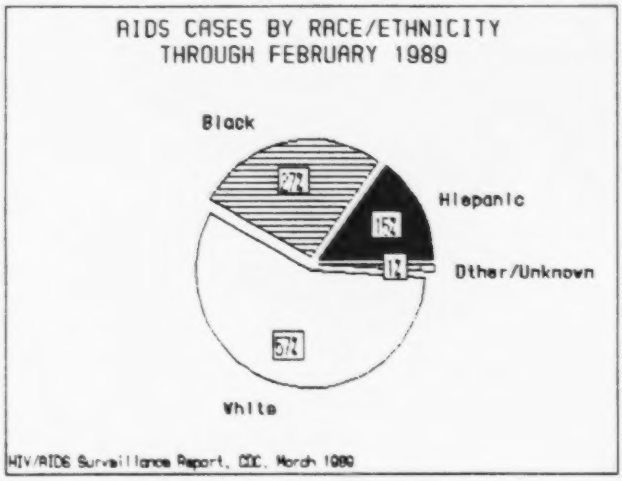
If community-based Hispanic organizations are to become effective partners in the AIDS education and prevention effort, then they need practical information on how to become involved -- how to work with other organizations, Hispanic and non-Hispanic, using their contacts and experience in their own communities to become a part of the AIDS solution. This manual was designed to help meet that need, by providing a clear, step-by-step guide to help Hispanic community-based organizations get started in AIDS education and prevention activities or other AIDS-related services. It can help the leadership of an agency decide how to make a contribution in combating AIDS. For groups which have had some peripheral involvement, it can help them carry out a rational planning and development process to decide how to expand and strengthen their involvement.

II

UNDERSTANDING AIDS IN THE HISPANIC COMMUNITY: AN INTRODUCTION

The only currently available means of limiting the spread of the AIDS epidemic within the Hispanic community is education leading to changes in behavior. However, the magnitude of the AIDS problem in the Hispanic community has only recently begun to be recognized. An understanding of the nature and extent of AIDS in the Hispanic community is needed, along with recognition of some cultural and socioeconomic factors which complicate education and prevention efforts.

Hispanic Americans -- men, women, and children -- are disproportionately likely to have AIDS. While Hispanics constitute about 8% of the U.S. population, as of February 1989 they accounted for 15% of all AIDS cases. Moreover, 23% of children aged 0-12 with AIDS were Hispanics, as were 19% of female AIDS cases and 14% of male cases.



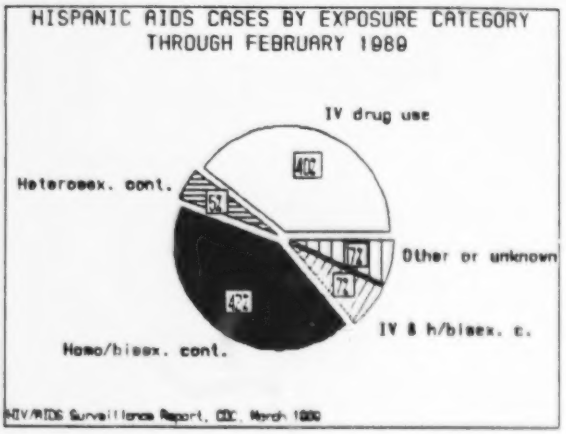
According to the *HIV/AIDS Monthly Surveillance Report* from the Centers for Disease Control (CDC), a total of 13,300 Hispanics had been diagnosed as AIDS cases as of the end of February 1989. While Hispanics accounted for 15% of the 88,096 cases of AIDS reported to CDC, non-Hispanic Blacks comprised 27%, non-Hispanic Whites 57%, and Asians and others, including persons whose race/ethnicity was unknown, 1%.

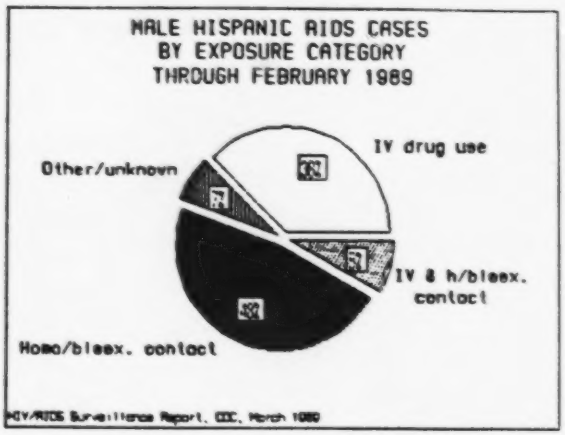
As of the end of February 1989, 1,440 children under 13 had been diagnosed with AIDS. About three-fourths of these children are minority and one-fourth are Hispanics. Of the 330 Hispanic children with AIDS, four out of five appear to have contracted the AIDS virus from their mothers perinatally. The large majority of the mothers either were IV drug users or had sexual contact with an IV drug user.

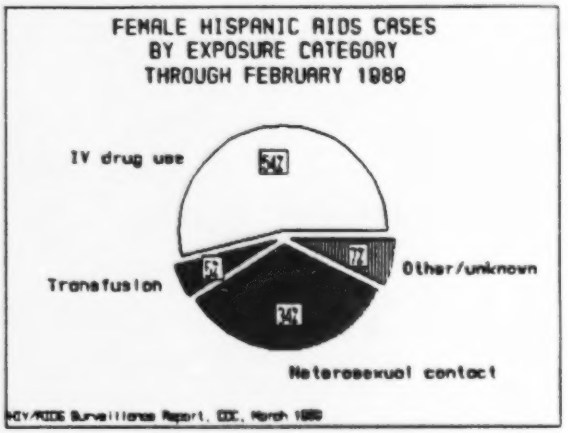
Hispanics are overrepresented, given their proportion of the population, in every type of AIDS transmission group except those suffering from hemophilia. The largest group of Hispanic AIDS cases (42%) consists of persons who have engaged in homosexual or bisexual contacts and are not intravenous drug users; the second largest group (40%) is intravenous drug users. Another 7% fall into both these categories; they have engaged in homosexual or bisexual contact and are IV drug users. Another 5% of Hispanic AIDS cases are believed to have

become infected with the HIV virus through heterosexual contact. These statistics include both men and women aged 13 and over.

Differences between men and women in percent of cases by exposure category are shown in the separate pie charts for Hispanic men and women. For Hispanic men, 48% of AIDS cases are men who have sex with men and 38% are IV drug users; another 8% fit into both these categories. For Hispanic women, 54% of cases are IV drug users, and 34% became infected with the HIV virus through heterosexual contact, most often with an IV drug user.





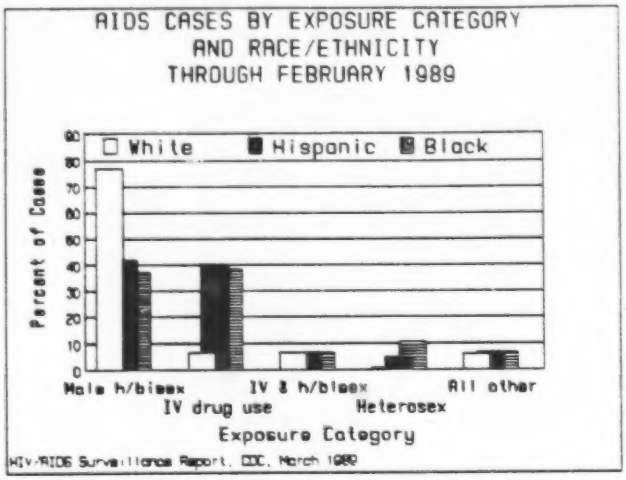


The incidence of AIDS varies considerably by geographic area, and within areas, by type of AIDS exposure category. For all racial and ethnic groups, the metropolitan areas with the largest number of AIDS cases are New York, San Francisco, and Los Angeles. For Hispanic and Blacks, the highest rates of both IV- and non-IV-related cases are found in large cities in the Northeast. For Whites, non-IV-related incidence is highest in large cities in the West. However, the locus of AIDS cases is shifting, and in the future far less geographic concentration is expected.

While all ethnic/racial groups are represented among all the major "exposure categories" of types of persons at high risk for AIDS, almost three-fourths of homosexual/bisexual male AIDS patients are White, while four-fifths of heterosexual intravenous (IV) drug users with AIDS are Black or Hispanic. The bar chart on the following page shows the percentage of White, Hispanic, and Black AIDS cases by exposure category.

One critical factor affecting the incidence of AIDS in the Hispanic community is intravenous drug use; the magnitude of the difference between Hispanic and White AIDS incidence rates can

be largely accounted for by IV drug use. As was shown in the pie chart on Hispanic AIDS cases, almost half the Hispanic adults with AIDS are IV drug users (40% are reported to be IV drug users and another 7% are both IV drug users and have engaged in homosexual or bisexual behavior). More than four-fifths of Hispanic children with AIDS appear to have contracted it from an infected mother. In comparison, one in seven White adult AIDS cases is an IV drug user, and half of White children with AIDS contracted it perinatally. There is some evidence that Hispanics are more likely than either Blacks or Whites to engage in certain AIDS-related risk behavior such as needle sharing. A 1986 study by Schoenbaum on the proportion of IV drug injections that took place in "shooting galleries" found that Hispanics used shooting galleries 31% of the time, compared to 18% among Blacks and 16% among Whites.



Even among AIDS cases not involving IV needle use, the cumulative incidence of AIDS for Hispanics is still higher than for Whites; thus the second major factor affecting the incidence of AIDS among Hispanics is sexual behavior. The prevalence of AIDS cases involving men who have sex with men (no IV drug use) is half again as high among Hispanics as among Whites, even though a lower proportion of all Hispanic AIDS cases are among homosexual or bisexual men. As of February 1989, 42% of Hispanic adult AIDS cases were homosexual/ bisexual men, compared to 77% of White adult AIDS cases. It has been argued by some researchers that Hispanic homosexual men are more likely than White homosexuals to put women at risk for AIDS because they are more likely to be "closet gays" or individuals who do not identify themselves as gay, and who maintain sexual relationships with women as well as men, and may have wives and children. One study found that a larger proportion of Hispanic gay males with AIDS reported having sex with both men and women than did Whites; one-fifth of Hispanics reported bisexual activity, compared to one-eighth of Whites.

It has been suggested that Hispanics may be especially likely to engage in several other kinds of high-risk behavior for AIDS, although little research has been done to date to investigate these behaviors. It is possible that AIDS may be transmitted through shared use of a needle for tattooing, when one of the individuals is infected with the AIDS virus, and that "blood brother" rites among gang members may also transmit the HIV virus. Cultural attitudes may also contribute to high-risk behavior; for example, some Hispanics may have negative attitudes towards condoms and resistance to using them.

An AIDS-related public health problem of special significance for Hispanics is tuberculosis, since tuberculosis and AIDS occur together much more frequently among Hispanics and Blacks than among Whites. Overall, Hispanics are six times as likely as Whites to suffer from tuberculosis. Unlike other diseases associated with AIDS, tuberculosis represents an especially serious community health concern, because it can be spread by airborne transmission to adults and children in the community who are not at risk for AIDS.

* A false perception by many Hispanics, including community leaders, that AIDS is a "gay, White, male disease";

* Cultural considerations, including the social stigma associated with high-risk behavior such as homosexual/bisexual activity, IV drug use, prostitution, and "promiscuous" sexual behavior;

* The traditional opposition of the Catholic Church -- to which about 90% of Hispanics belong, at least nominally -- to sex outside of marriage, homosexual acts, and artificial birth control; this has complicated prevention efforts which stress the use of condoms;

* Language, class and cultural barriers, including difficulty in reaching at-risk Hispanics through mass media, especially mainstream media;

* The diversity of the Hispanic population, which means that materials or approaches effective with one age, nationality or regional group may be ineffective with other subpopulations;

* Lack of culturally sensitive and appropriate prevention materials targeting the Hispanic community and particular Hispanic subgroups;

* Insufficient education and prevention programs targeted to Hispanic opinion leaders or to community educators, such as mothers, health workers, and outreach workers;

* Limited access to health care and to health education and prevention programs on the part of many Hispanics;

* Limited research on sexual attitudes and behavior among Hispanics;

* Limited access on the part of community groups to funding, information, and other resources needed to combat AIDS; and

* Limited research on IV-drug use behavior among Hispanics.

Some of these barriers are being removed gradually, but many of them are likely to disappear only through long-term efforts by community leaders and community-based organizations. Effective programs will require community education, increased resources, and an understanding of Hispanic culture. Hispanic community-based organizations represent a critical partner in such efforts.

III

GETTING INVOLVED: A STEP-BY-STEP GUIDE

As an Executive Director, Board member, staff member, or community volunteer associated with a Hispanic community-based organization, and as someone concerned about the spread of AIDS in your community, you may be looking for a way to help your agency get involved in AIDS education and prevention. If your organization already has a history of providing health education or health care, the chances are you have already become involved or know the right process to use. On the other hand, if your organization has provided other kinds of services for children, youth, families, adults, or the elderly, then you may be unsure about the most appropriate way to become involved. You know the organization wants to do something, but you may be unsure how you should proceed. The steps below are designed to help you become effectively, appropriately involved, based on a logical decision-making process and an understanding of the AIDS "system" as it is developing in communities throughout the United States.

This Guide includes some references to materials and other resources. For more extensive information on AIDS-related resources, use the National Council of La Raza AIDS Center's Resource Guide, a looseleaf manual identifying and profiling major sources of information and materials which can help Hispanic community-based organizations concerned about AIDS education and prevention.

SIXTEEN STEPS TO BECOMING A PART OF THE AIDS SOLUTION:

1. *Learn the basics about AIDS.*
2. *Educate your organization about the AIDS crisis.*
3. *Identify the local "players."*
4. *Become known as a "player."*
5. *Assess Hispanic community needs and gaps related to AIDS.*
6. *Help develop a community plan for dealing with the AIDS crisis.*
7. *Study and understand alternative roles for your organization.*
8. *Understand what you are getting into.*
9. *Decide on your agency's role or roles.*
10. *Develop a plan of action for your agency.*
11. *Ponte trucha -- become wise.*
12. *Develop networks.*
13. *Become a voice for Hispanics.*
14. *Find the money you need.*
15. *Begin to make a difference.*
16. *Monitor and assess regularly.*

1. Learn the basics about AIDS.

The first step in becoming involved in AIDS education and prevention in the Hispanic community is to educate the leadership of your organization. A few key people -- staff and Board members -- need to become informed about AIDS nationally and get some sense of the problem locally as well. This means learning about the concept of an epidemic in a public health context, as well as getting some statistics on the incidence of AIDS and HIV-related diseases among Hispanics, overall and by subgroup, specific populations (e.g., homosexual/ bisexual men, intravenous drug users and their sexual partners, children), and geographic area. Facts and figures are available from the Centers for Disease Control (CDC) in Atlanta and from your state or local health department.

Several basic documents can provide a good background on AIDS. Three particularly useful ones are *Confronting AIDS* and *Confronting AIDS: Update 1988* from the National Academy of Sciences Institute of Medicine; the President's Report on HIV; and -- for a brief Hispanic-focused summary -- "AIDS in the Hispanic Community: An Overview," prepared by Norma Y. Lopez, Director of the National Council of La Raza AIDS Center and available from the AIDS Center; regular statistical updates are provided by the AIDS Center.

To obtain background materials and statistics on AIDS nationally and in your state or metropolitan area, call the National AIDS Information Clearinghouse at 1-301-762-5111 during business hours to speak to an information specialist, or 1-800-458-5231 to order bulk copies of key publications from the Public Health Service. For a quick response, call the National AIDS Hotline, a 24-hour toll-free number for information and answers to questions about AIDS. The number is 1-800-342-AIDS (English) and 1-800-344-SIDA (Spanish).

You need to be sure that your decisions are based on facts, not myths. Get accurate information about the causes of AIDS and about how it is -- and is not -- transmitted. Also be sure to get information which deals with the emotional aspects of this issue, such as the need to confront taboos and overcome resistance to talking about them. Once organizational leaders gain an understanding of the AIDS epidemic, the entire agency -- Board, staff, volunteers, and later clients and their families -- can be informed and educated.

2. Educate your organization about the AIDS crisis.

Once your leadership is informed, you need to educate the rest of the agency. All the people in leadership positions, and all those who serve clients or work with the community should get some basic knowledge. One useful approach is to assign a task force of staff, Board members, and volunteers the responsibility of educating the entire agency. They might be responsible for reviewing basic documents, summarizing them or obtaining multiple copies of them, arranging a set of formal presentations and then some informal discussions, to help everyone in the agency understand the issues and problems surrounding AIDS. This includes not only presenting statistics and projections but also addressing attitudes, values, and fears about AIDS, denial, premature death, homosexuality, prostitution and drug use.

Be sure to take a broad view; you need to understand not only the medical aspects of AIDS but also the human resources and civil rights issues. The nation cannot meet the current health care and support service needs of people with AIDS and HIV-related diseases, and current AIDS cases represent just the "tip of the iceberg" compared to the number of HIV-positive individuals who may become ill in the future. Civil rights issues are a critical concern; children with AIDS are being denied access to school, and adults with AIDS or HIV-related diseases often lose their jobs. Fear can cause people to react irrationally to people with AIDS. Until the order was reversed recently in federal court, a Florida school had demanded that a seven-year-old Hispanic girl, infected with the HIV virus, must stay inside a plastic "bubble" to separate her from other children. Following the ruling, parents kept half the children in the class from attending school.

To better understand these issues and how they affect your community, talk to people living with AIDS as well as program operators. People living with AIDS want to be involved in preventing the spread of HIV infection, and they provide a perspective your organization needs if it is to understand the personal face of AIDS.

AIDS is a public health problem, but it is far more difficult to address than many other health issues because to reduce the spread of HIV infection, you must change behaviors -- and these are behaviors which many members of the Hispanic community are not used to discussing in public, let alone trying to change. Be sure your organization's self-education process includes efforts to understand the practical as well as the moral, ethical, religious, and cultural overtones of the AIDS crisis.

The problem of AIDS will be with us for a long time. Be sure you get expert information about the changing face of AIDS and how it is likely to affect the Hispanic community one and three and five years from now.

To help you plan and organize presentations or discussions with your leadership, see *Worksheet #1, Educating Your Organization about AIDS*, at the end of this guide. Once you are all familiar with the nature and extent of AIDS in the Hispanic community, you can begin to plan for your agency's involvement in AIDS-related activities.

3. Identify the local "players."

AIDS is a complex problem, and the agencies and systems which have developed to address it are also complicated to understand. Before your organization becomes a "player" in local AIDS activities, you need to understand what organizations are currently working on this issue, how they interrelate and to what extent a Hispanic perspective is being provided. Start reading articles on AIDS in your local newspaper, and find out what studies or needs assessments have been done. Identify the local AIDS coalitions or task forces; find out what organizations and individuals are members, and which ones are leaders. Many entities within your community are likely to be important participants in AIDS-related activities. Be sure to look at businesses, labor unions, the county medical society, health councils and health service providers as well as local and state health departments, other agencies within local government, professional associations, religious organizations, schools, and various civic groups and social service agencies.

Once you have some understanding of who is involved, try to identify at least one active participant who is a friend, and pay that person a visit. Ask about the programmatic and "political" roles played by various groups. If you can't find a personal contact, talk to someone

at your community health center or contact another minority-focused agency. Learn what area foundations and/or corporations are providing funding for AIDS-related programs or participating in local coalitions.

Get as much information as you can, written or verbal, about how AIDS programs are organized and funded in your community. It is important that you understand the service focus and staffing of the various programs. Many programs were organized and are staffed by gay white men and serve gay clients. They vary in their sensitivity to minority communities, and Hispanics are sometimes uncomfortable with their gay orientation. If your organization is going to work in the AIDS field, recognize that you will be working with gay organizations and individuals.

Find out how the coalitions operate, and what, if any, Hispanic representation is included. Also find out what kinds of education and prevention efforts are under way, and whether there are any effective efforts targeting Hispanics. Talk to other Hispanic-oriented agencies to see what they are doing and what they know about the AIDS system in your community. If public meetings addressing AIDS are scheduled, attend them; listen and take notes. Soon you will understand how the local response to AIDS is organized.

4. Become known as a "player."

Even before the agency has decided what role it wants to play in AIDS education and prevention, treatment or advocacy, it is valuable to become visible in the AIDS arena. Assign one person from the agency to be your AIDS representative, and make sure that person has the time to go to meetings, attend conferences, and become knowledgeable as well as known. It is helpful if this person has some background in AIDS or other health issues, but if this is not possible, the individual must be willing to read and learn -- and to become an AIDS specialist. Be prepared to listen, to learn, and to provide a Hispanic perspective.

You must now engage in a variety of efforts to demonstrate your serious interest in AIDS and to establish credibility. While you may not be an expert on AIDS, you can demonstrate your understanding of the local Hispanic community, which makes your input valuable to any planning or coordinating body.

In many communities the agencies working in the field of AIDS --sometimes known as an "AIDS coalition" or "AIDS planning group" -- meet together regularly; your AIDS representative should start attending these meetings. Some counties and cities have an appointed body known as an AIDS Task Force. Usually it is the duty of this group to gather information about how AIDS is affecting that community, formulate a plan to meet the emerging needs, and recommend policies to protect the rights of persons with AIDS. Members are likely to include representatives of a broad range of communities and groups, including gays, people living with AIDS, academia, the medical profession, the clergy, and minorities, as well as other influential people. This group typically has a very good understanding of AIDS in your community, including existing programs and unmet needs. In addition, members usually believe that there is always room for more agencies and individuals to join in the fight against AIDS.

Participating in such a group can provide valuable contacts and eventually help your agency to obtain city, county, state or even federal funding, directly or as part of a consortium or coalition. The group typically has a key role in mutual planning to meet service needs and prevent duplication of services, and the group can also coordinate services. It may also have

the stature to solve difficult problems or resolve conflicts within the community about AIDS programming. One way of getting into the "club" is to invite the group to meet at your agency, if you have the space to host such a meeting. This will indicate that your agency is seriously interested in being involved in AIDS-related activities.

Be prepared to spend some time -- perhaps six months or more -- learning about AIDS efforts in your community and at the same time becoming a visible, credible member of the local AIDS Task Force or coalition. This groundwork will pay off later in knowledge, credibility, and contacts.

To help organize information about organizations and individuals who play an important role in AIDS efforts in your community, see *Worksheet #2, Identifying the "Players"*: Groups and Individuals Involved with AIDS, at the end of this guide.

5. Assess Hispanic community needs and gaps related to AIDS.

Once your organization has become generally knowledgeable and is a part of the AIDS planning and coordinating process, you need to get a more detailed understanding of AIDS service needs and gaps as they affect Hispanics. At a minimum, you need to know the extent to which Hispanics at high risk for AIDS are being reached with education and prevention efforts, and the extent to which other AIDS-related services -- from confidential testing and counseling to medical care for people with AIDS -- are available and accessible and responsive to the Hispanic community. You also need to know to what extent Hispanics are represented on official and unofficial task forces and coalitions, including funded consortia. At a more detailed level, it is important to understand the extent to which existing education and prevention efforts are sensitive to Hispanics; for example, whether Spanish-language AIDS education and prevention materials are available, and whether English-language materials being used are appropriate.

If other Hispanic organizations are already involved in AIDS-related activities, you need to understand what they are doing and in what neighborhoods; you want to complement, not duplicate their efforts. If no Hispanic-focused efforts are under way, you need to determine what kinds of services are most needed.

To carry out your assessment of Hispanic community needs, you can use the contacts you have developed to arrange formal meetings with agency officials, seek data from established sources, hold discussions with AIDS activists, and thus add to your understanding of AIDS in the Hispanic community. To assist you in structuring a basic needs assessment, a sample needs assessment form very similar to the one being tested by the National Council of La Raza AIDS Center is included at the end of this guide as *Worksheet #3: Community Needs Assessment.*

6. Help develop a community plan for dealing with the AIDS crisis.

Ideally, your agency's plans for dealing with the AIDS crisis should be coordinated and consistent with an overall community plan for dealing with the AIDS crisis. If such a plan exists for the entire city or area, and you feel it does not adequately reflect Hispanic community needs, work with other Hispanic organizations to advocate for changes in the plan to assure that it does meet community needs, or develop a specific plan for the Hispanic community. If coordinated planning has not yet occurred in your community, your agency can play an important role in the development of a community plan.

This plan should have two major components, the first dealing with prevention and education, and the second with direct services for persons with AIDS or ARC. The prevention section should indicate what action must be taken to educate all levels and segments of the community about AIDS and how to prevent the spread of the disease. In developing the plan, it is important to engage and involve all entities which have a client group or constituency. The Hispanic media -- radio, television, and print -- also have a critical role to play. The responsibilities of various organizations and entities should be stated and agreements obtained to seek resources needed to carry out the plan.

The direct services section of the community plan should be based on the understanding that an HIV-positive person who becomes ill will require health, income maintenance, and supportive services. The community needs to plan for a range of health services from hospital care to home health care, including intermediate and hospice services. Having a continuum of care means much lower expenses than those for hospital care alone. The community plan should also consider the need for maintenance income for persons with AIDS. Joint planning with the local offices of the social services and social security agencies can help assure quick processing of requests from persons with AIDS. Sometimes emergency services are necessary, and private organizations and agencies have a critical role to play. It is important that community agencies know where to refer a person with AIDS who needs income assistance. Churches often are important partners, able to provide assistance including goods and money.

The services component of the plan should also consider the need for supportive services. A person with AIDS will need a variety of services, ranging from transportation to health care facilities to a homemaker or shopper. Existing community agencies can play a key role, and new programs may need to be developed. Volunteers can be very important in meeting personal needs which primarily involve time and understanding. Agencies which provide supportive services to other populations need to prepare for additional clients who are persons with AIDS.

The community plan should provide a blueprint for cooperative long-term efforts to address the AIDS crisis. It also will help you identify the most appropriate roles for your agency. If there is no community plan, you should begin to develop a plan of action for your agency while working with other interested groups to develop the kind of task force or coalition which can prepare a community plan in the near future.

7. Study and understand alternative roles for your organization.

There are many possible roles for Hispanic community-based organizations in AIDS education and prevention. You might simply want to be able to refer people for AIDS-related services and to provide basic information about AIDS to your agency's clients. A continued presence on the local AIDS task force or coalition may be appropriate. You might want to add a prevention/education component to existing programs, such as a drug abuse prevention or treatment program, a teenage pregnancy program, other youth-oriented services, or an adult literacy program. You might want to undertake a major project on AIDS prevention and education, perhaps targeting a particular subpopulation. If you are engaged in health services, you might want to add a specific AIDS medical care component. You might choose to focus your efforts on advocacy on behalf of persons with AIDS, or persons at high risk for AIDS. If you have research capacity, you could help increase understanding of AIDS and assess particular AIDS education and prevention models, perhaps through knowledge, attitude and behavior studies. Before you decide which role or roles you want to play, you need to identify the alternatives.

8. Understand what you are getting into.

No agency should become deeply involved in AIDS-related activities without understanding the implications and challenges involved. Even if your role is education and prevention rather than treatment, you will become a part of the AIDS system and will be exposed to the problem in all its aspects. Such involvement will be difficult and painful, as well as rewarding and satisfying. You will probably feel a great sense of satisfaction, but you will also come face to face with suffering and death, including the death of infants who hardly had a chance to grow and develop. You will see premature deaths of young men in their prime of life, during their peak working years. Some experts believe that dealing with AIDS in the family is the hardest thing Hispanic families ever have to handle. You will face the pain and anguish of mothers and fathers finding out that their son is gay or that their daughter's husband is a drug user and she has become HIV-infected.

If your agency's staff and Board have not come to terms with "cosas de la vida" be they homosexuality, prostitution of both males and females, bisexuality, drug abuse, they will be challenged in a very special way. To work effectively on AIDS, they will need to be able to accept people living with AIDS and to avoid blaming them for their condition, regardless of how they contracted the HIV virus. Involvement in AIDS means coming to terms with some very difficult truths, but it also provides an opportunity for personal growth.

Because Hispanics usually have personal experience with discrimination and value their cultural heritage, you may find that your organization's staff and Board can relate more easily than many other groups to the problems faced by people with AIDS. The Hispanic experience serves as a bridge of understanding about the discrimination, sexual harassment, and violence which gays, lesbians and people with AIDS are experiencing today.

A related aspect of the process is the need for individuals within your organization to understand their motivations for getting involved. Is it because a friend or relative has died of AIDS? For civil rights reasons? Because they are part of a group engaging in high-risk behavior? Because they view such involvement as a part of their responsibility to the community? It is wise for all those who will play an active role in the organization's AIDS-related activities to examine their personal as well as organizational motivations. This will help them be effective and avoid inappropriate responses to the difficult challenges they will encounter.

Every member of your agency should have the right to decide if s/he wants to work in the field of AIDS and in what way, and each decision should be respected.

9. Decide on your agency's role or roles.

After identifying possible agency roles and considering the implications of AIDS involvement, you need to assess various alternatives and decide what role or roles you want to play. This means deciding the agency's goals for AIDS involvement, who will be targeted, and the types of activities you would like to carry out. Since AIDS is likely to remain a major public health problem for many years, serious involvement probably means thinking long-term -- at least five years -- rather than making a short-term commitment.

You can become involved programmatically, and as an advocate. One of the special obligations of Hispanic organizations as community representatives is to advocate for the creation of services needed by Hispanics persons with AIDS. You might choose a variety of roles.

A number of factors should be considered in reviewing possible agency roles. For example:

* What AIDS-related services are currently available to Hispanics?

* What AIDS-related services does your community need most now? What needs are likely to be greatest one, three or five years from now? Considering the probable numbers of Hispanic AIDS cases in the future, will existing agencies be able to meet the demand for services?

* What are your agency's strengths, and how might you build on these strengths in providing AIDS-related services?

* What advocacy capacity or contacts might the agency use in helping to assure that needed services are provided?

* Which, if any, of your current target groups or client populations are groups whose behavior puts them at high risk for AIDS?

* How much time and energy are you prepared to devote to getting started? What resources can you afford to allocate to this process?

* Will your staff require some training or extensive training to be able to successfully carry out possible programs? Might new staff be required?

* Are you likely to be able to obtain needed funding for proposed services?

* Are some activities possible without new funding?

* Is your agency the most appropriate one to provide the needed services, given capacity, community contacts and credibility, and other factors?

* If your agency does not provide these services, is there some other organization in the community which can meet the need?

* If the agency decides to try to develop these services, will it get support from the local task force or coalition?

* Is the agency truly committed to this effort, and willing to do everything possible to make it a success?

By reviewing possible agency roles in terms of such questions as these, your agency can decide what AIDS-related services it wants and needs to provide. To help with this process, see *Worksheet #4: Assessing Possible Roles for Your Organization*, at the end of this guide. Any decisions you make should be adopted by the Board of Directors and become a part of your overall agency mission.

10. Develop a plan of action for your agency.

Once your agency has decided the role or roles it wants to play regarding AIDS, it is time to develop a detailed, practical plan of action, to guide you for at least the next year. This is really the program development phase of your planning effort. Your work plan should reflect everything you have learned about the Hispanic community's needs and the other organizations which can help to meet them, and about overall community needs, resources, and plans. It should fit into the overall community plan if one exists.

Your plan should include objectives, proposed services, tasks for implementing them, responsibilities for carrying out the tasks, timetables for implementation, and fund-raising needs. For help with the process and a sample format for your action plan, see *Worksheet #5: Developing an AIDS Action Plan for Your Agency*, at the end of this guide.

Once you have a written plan of action, it provides the basis for fund raising. It can also be taken to the local AIDS task force for letters of endorsement and support.

As your plan of action will suggest, all the following steps tend to be interrelated -- you may find that you need to carry them out almost simultaneously.

11. Ponte trucha -- become wise.

The field of AIDS is very political. You must learn the rules of the game and -- even after deciding on your desired agency role -- you must proceed carefully. Working effectively in the AIDS field requires you to develop new skills, write proposals using a new "AIDS language," and develop new evaluation techniques through which you can measure changes in knowledge, attitudes, beliefs, and behavior. These skills are not impossible to learn, they just take time and effort.

By the time you develop a plan of action, you will be familiar with the major local "players," and you will have begun to learn about the state and national ones. You will need to continue this process, learning the acronyms and learning about the roles played by each entity, key contacts, funding cycles and priorities. There are, for example, CDC (the Centers for Disease Control), your State office on AIDS, the Robert Wood Johnson Foundation, NIAID (the National Institute of Allergies and Infectious Diseases), NIMH (the National Institute of Mental Health), AmFAR (the American Foundation for AIDS Research), the new National-Community AIDS Partnership. You will also get to know some of the smaller and more vocal groups. For example, you may come face-to-face with vocal advocacy groups such as ACT OUT, a group of people living with AIDS or the loved ones of persons with AIDS or who have died from AIDS. They advocate more money for services and research and for an expeditious way of releasing new and experimental drugs, vaccines and treatments, and they use highly visible "street actions" to publicize their demands.

You will learn other words of the "AIDS language." Strange names of medicines, some hard to pronounce, will become second nature to you. You will become familiar with the names of many diseases from which people with AIDS often suffer. And you will learn about various AIDS tests and understand the problems of false positives, the problems of access to new or experimental drugs, the problems of AIDS testing in blood banks, and esoteric dangers such as the sharing of tattoo needles.

Your agency and your key AIDS personnel will be most effective if you all view AIDS involvement as a long-term learning experience.

12. Develop networks.

To operate effective AIDS programs, you will need to establish and maintain networks on a local, state and federal level. There are many reasons for cooperation and collaboration. At a program level, the message of AIDS prevention is strongest when it comes from many different sources. In a broader sense, no one organization working alone can be successful in preventing the spread of HIV infection; it requires the varied knowledge, skills, experience, contacts, and commitment of a wide range of individuals and organizations. Participation in AIDS networks has a pragmatic value beyond its programmatic benefits; it is a good way to increase your organization's visibility.

Developing networks is nothing more than interacting with key players in the field, and you may have been doing this for some time now. However, as already suggested, AIDS is a very complicated and "political" field, and you must move carefully in developing your networks and joining coalitions. Over time you will learn whom to trust and whom not to trust. There is big money in the field of AIDS and there are very hungry people competing for those funds, so some caution is necessary, especially at the local level.

National networks are exceedingly valuable. As a member of the National Council of La Raza's AIDS Center, you have access to a national network of organizations motivated by a desire to help their communities. Hispanic organizations located in other cities can share program models and materials, and may be able to provide a valuable "second opinion" on experimental program approaches which you want to test. Your national contacts can also keep you informed about funding opportunities.

State contacts can be extremely helpful in keeping you informed about state funding, including monies voted by your legislature and federal funds allocated to state agencies. In addition, you may be concerned about AIDS policies established at the state level. Keep state-level elected and appointed officials and their staffs informed of your activities and concerns. A state network serves as a valuable communications link.

Your most important networks are likely to be local. To develop effective local collaboration, you need first to consider possible areas of cooperation and coordination on AIDS. These might include cross-referrals for services; information sharing; technical assistance and skill sharing; programmatic collaboration with joint fund raising; cooperative research or policy analysis; joint advocacy; cooperative development of materials or training sessions; or cooperation on special projects such as a health fair, a briefing for public officials, or a speaker's bureau. Once you know the kinds of cooperation you seek, and you understand the AIDS "players," you can enter into mutually beneficial networks and partnerships.

Your local networks should include not only Hispanic and other community-based groups active in AIDS-related activities, but also local organizations which can help you reach high-risk populations. For example, local Hispanic groups which are not providing AIDS-related services can be valuable allies and partners, providing locations and audiences for your prevention and education efforts, supporting your initiatives, and providing valuable community feedback.

In addition, you may want to work with mainstream organizations, from corporations to civic groups and churches. Remember, however, that special barriers may complicate your efforts to obtain cooperation from some entities that have not been involved in AIDS-related services. For example, in spite of the extensive publicity around AIDS in the past several years, some organizations and individuals remain fearful or hostile based on stereotypes and negative feelings about populations whose behavior puts them at high risk for AIDS, such as intravenous drug users and gay or bisexual individuals. You may need to spend a considerable amount of time educating such groups before they will agree to become involved.

Any successful collaboration takes time -- a commodity which is always in short supply among community-based organizations. To develop trust requires working together and showing that we all have something to contribute to the network. It requires ongoing communication, and a willingness to sit down and discuss areas of concern before problems become serious and threaten the network. If you believe a network or coalition is necessary for successful AIDS prevention and education efforts, then you must allocate the time needed to make the collaboration beneficial to all its members. Because AIDS is a new and rapidly changing field, networks are a critical source of information, assistance, and ideas; in the long run, your time will be well spent.

13. Become a voice for Hispanics.

Whether or not your agency decides to become deeply involved in AIDS-related services, you can play a valuable role by serving as a voice for Hispanics on the AIDS issue. This means being informed and speaking up on a wide range of issues, from providing a Hispanic perspective in coalitions and task forces to making statements to the media about the need for effective AIDS education and prevention efforts targeting the Hispanic community.

A Hispanic voice is needed to defend the civil rights of people with AIDS and people who are HIV-positive but do not have the disease -- from employees threatened with job loss to the Hispanic child whose school planned to put her in a glass box to protect other children from her. A knowledgeable Hispanic organization is needed to counter myths about AIDS transmission with facts. Rural and farmworker organizations can help bring attention to the need to address AIDS in rural areas and among migrant farmworker populations. If your organization makes a commitment to speak out on AIDS, it can quickly become a respected source of substantive information for the media and for public- and private-sector officials.

14. Find the money you need.

Most AIDS-related services will require you to obtain new funds. While still inadequate, funds are becoming increasingly available from both the public and private sectors. However, the competition is also becoming very stiff, as more groups enter the AIDS arena. Most public-sector AIDS funding is awarded on a competitive basis, usually through a Requests for Proposals (RFP) process. Private-sector funding often requires your own initiative to identify potential corporate and foundation funders, prepare proposals, and make contacts.

As you prepare to look for funds, remember that rational decisions about program needs and your organization's most appropriate role should determine where you seek funds. It is almost always a mistake to let the availability of funds determine your program activities. Too often, community-based groups apply for funds because they see an RFP, even though the available funding will not permit them to carry out the kind of program they feel is most needed. It is sometimes best not to apply for such funding -- or even to refuse funding that is offered -- if there is not a good "fit" between the required scope of work and your organization's program priorities.

The National Council of La Raza AIDS Center provides resource development assistance to its network members, including "funding alerts" to announce and describe funding opportunities. A variety of guides and other fund-raising aids are becoming available to help community groups obtain AIDS-related funding. Over time, a combination of state, federal, and foundation or corporate funding will often be possible. You may find that applying for funds as part of a consortium will improve your prospects and also assure a coordinated effort.

15. Begin to make a difference.

Implementing new AIDS-related programs offers many of the same challenges as initiating any new program. Success is most likely when the program is carefully planned, includes a detailed work plan with tasks and timelines, is appropriately staffed and adequately funded, and receives ongoing management attention and support. Because AIDS is a new field and your program efforts are likely to be innovative and largely untested, the challenges are considerable. The process can be made less difficult by building AIDS education and prevention activities into your overall operations and thus drawing on your organizational strengths, working cooperatively with other organizations, and getting help from experts -- local and national -- whenever possible.

16. Monitor and assess regularly.

Community-based organizations tend to operate in a constant state of overwork or crisis, always trying to assist the largest possible number of people with very limited resources. As a result, non-service activities such as documentation and evaluation often do not receive the attention they deserve. In the AIDS field, this can cause serious problems. Some Hispanic groups which run AIDS-related programs have been denied refunding or turned down by additional funders because they failed to document and assess their activities.

From a practical standpoint, because Hispanic-focused AIDS education and prevention efforts have only recently been initiated, there is a great need for assessing the effectiveness of materials and approaches. Be sure to document your efforts carefully, and to build in regular monitoring and assessment, so that any problems can be identified early and appropriate action taken to strengthen your efforts. AIDS services are in their developmental stages and so it is normal that you will need to revise and refine as you go.

It is not easy to develop measurable outcome objectives for education and prevention efforts, but only by doing so can you provide a basis for determining whether your efforts are making a difference. As you develop and test materials, remember that they may be useful to other organizations in different locations. Careful documentation provides the basis for replication of effective approaches. Once you have demonstrated the value of your materials or methods, be sure to make them available to other organizations serving similar populations in different locations. Only through demonstration and sharing of program models and materials can the "state of the art" of AIDS prevention and education in Hispanic communities be advanced so that effective programs will eventually exist nationwide.

IV
RESOURCES

Following are a few selected information sources to help your agency get started in its AIDS work.

BASIC INFORMATION SOURCES

Start with the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850. Telephone 1-301-762-5111 to talk to an information specialist, or 1-800-458-5231 to order bulk copies of publications.

For a quick response to questions, call the National AIDS Hotline. Its 24-hour toll-free numbers are 1-800-342-AIDS (English) and 1-800-344-SIDA (Spanish).

Three publications available from the National Academy Press provide valuable background information. For basic facts about the issues surrounding HIV infection, read *Confronting AIDS: Directions for Public Health* (Item #0-309-03699-2), and *Confronting AIDS: Update 1988* (Item #0-309-03879-0). For information on how people can be encouraged to exchange risky behavior for safer behavior, read *AIDS, Sexual Behavior and Intravenous Drug Use* (Item #0-309-03948-7). Each document can be purchased from the National Academy Press for $25; telephone 1-203-334-3313.

Finally, the President's Report on HIV can be obtained from the Government Printing Office in Washington, D.C., telephone 1-202-783-3238

STATISTICS ON AIDS

Start with *HIV/AIDS Surveillance Report*, a monthly analysis of AIDS cases in the United States, published by the Centers for Disease Control. A year-end edition comes out in January. Copies of the report are available from the National AIDS Information Clearinghouse; to get on the mailing list and receive a copy every month, contact the Centers for Disease Control, Division of HIV/AIDS, Technical Information Activity, Mailstop G-29, Atlanta, GA 30333, telephone 1-404-639-2077.

PRIVATE-SECTOR FUNDING SOURCES

The most complete guide to private-sector funding for AIDS is *AIDS Funding: A Guide to Giving by Foundations and Charitable Organizations*, John Clinton, Editor, published by the Foundation Center. It provides summary information and a compendium of entities which provide AIDS funding, including funding guidelines and application information. The report is available in Foundation Center libraries. The purchase price is $35 plus $2 shipping; call 1-800-424-9836.

The National Council of La Raza has identified and organized some basic information on how to prepare effective proposals to obtain public- and private-sector funding for AIDS. Request the materials on Fund Raising and Proposal Writing in the *Training and Reference Materials, Los Angeles Regional Training Session*. Call 1-202-289-1380.

HISPANIC-FOCUSED INFORMATION

For other information specifically designed to meet the needs of Hispanic community-based organizations concerned with AIDS education and prevention, see the National Council of La Raza's introduction, "AIDS in the Hispanic Community: An Overview," and its resource guide, *Who Can Help? Resources and Contacts for Hispanic AIDS Education and Prevention*. The NCLR AIDS Center will provide information and assistance on request, including referrals to other Hispanic organizations involved in AIDS programming. Call 1-202-289-1380.

V
WORKSHEETS

WORKSHEET #1:

EDUCATING YOUR ORGANIZATION ABOUT AIDS

1. Talk to your organization's leadership -- Board, staff and volunteers -- to determine what they already know about AIDS. Get a sense of how many fit each category:

   Expert - Works in the AIDS field or has the knowledge to do so

   Knowledgeable - Good understanding of how AIDS affects the Hispanic community, including statistics, high-risk behavior, service needs

   Aware - Knows that AIDS is a serious problem in the Hispanic community and has some basic information about AIDS and HIV infection

   Not Knowledgeable - Has very limited knowledge about AIDS and HIV infection or how it affects the Hispanic community

2. Decide what your organization's leadership needs to know about AIDS. For each of the issues listed below, list the kinds of information needed and questions to be answered; add other topics as needed.

   a. **Understanding of how AIDS is and is not transmitted** -- and how the spread of the HIV virus can be prevented

   b. **Magnitude of the AIDS crisis** -- statistics on AIDS, nationally, in your state, metropolitan area or community, overall, for Hispanics, and for particular Hispanic subgroups

   c. **AIDS as a public health epidemic**

   d. **The changing face of AIDS** -- projections for the future

   e. **Understanding of what behavior places people especially at-risk for HIV infection** -- IV drug use, men having sex with men, prostitution, and being the sexual partner of a person engaging in these behaviors

   f. **The emotional side of AIDS** -- moral ethical, religious and cultural overtones; attitudes, values, denial and fears and how to deal with them

g. **What works in AIDS education and prevention** -- possible models for changing behavior

h. **Roles of community-based groups in AIDS prevention and education** -- examples from other communities

i. **Service needs of people with AIDS and ARC** -- including access to health care as well as income maintenance and supportive services

j. **What is being done locally and by whom** -- overall and in the Hispanic community

k. **Civil rights issues** -- employment, access to services, other

l. **What it means to have AIDS** -- perspectives of people with AIDS

m. **Other Topics:**

3. **For each topic, determine (1) sources of the information and contacts to obtain it; (2) how the topic will be presented; (3) who will be responsible for getting information and making arrangements; and (4) a deadline by which time you will be ready to make the presentation.**

TOPIC	SOURCE/CONTACT	METHOD OF PRESENTATION	PERSON RESPONSIBLE	DEADLINE

WORKSHEET #2:

IDENTIFYING THE "PLAYERS": GROUPS AND INDIVIDUALS INVOLVED IN AIDS

As you begin to learn about organizations, task forces, and leaders in your community who are active in AIDS education, prevention, service, and advocacy, keep a log of these "players." Use the following format:

NAME OF ORGANIZATION	ADDRESS & TELEPHONE	CONTACT & TITLE	NATURE OF INVOLVEMENT	HISPANIC CONNECTION?	POSSIBLE COOPERATION

WORKSHEET #3:
COMMUNITY NEEDS ASSESSMENT

This worksheet will help you carry out a very basic community needs assessment on AIDS. If you can work with other organizations, a more extensive assessment can be very helpful, but this will give you basic information about available and needed services. To get this information, you will need to talk to AIDS specialists in your community, Hispanic and non-Hispanic, and to other Hispanic community-based organization leaders.

A. COMMUNITY DEMOGRAPHIC INFORMATION

1. Specify geographic area covered by your needs assessment:

   _____

2. Is this area (Check one):

   ___ a. Neighborhood(s) within a city
   ___ b. Whole city or town
   ___ c. Metropolitan area
   ___ d. County
   ___ e. Other (specify _____)

3. Population

   a. Total population of area as of (date _____): _____

   b. Hispanic population _____

   c. Check Hispanic subgroup(s) who are a significant part of the local population:

   ___ Mexican American
   ___ Central and South American
   ___ Puerto Rican
   ___ Cuban
   ___ Other Hispanic

4. Add available information on **Hispanic** poverty rates, unemployment rates, other socioeconomic data.

   _____

   _____

   _____

   _____

   _____

5. Brief description of community -- urban/rural, types of industry, overall economic status, political climate/structure, etc.

_____

_____

_____

C. INCIDENCE OF AIDS AND HIV INFECTION

1. Number of cases of AIDS which have been documented in your community:

_____ cases as of (date) _____?

2. Number of Hispanic AIDS cases, if known:

_____ cases as of (date) _____?

3. Provide additional information about total and Hispanic AIDS cases by category, if available (e.g., women/men, children, homosexual and bisexual, IV drug users, hemophiliac/blood transfusions, total heterosexual cases, others); attach published reports if available:

_____

_____

_____

_____

_____

_____

4. Provide any available data about extent of HIV infection among total population, Hispanics, other specified population groups such as IV drug users

_____

_____

_____

_____

_____

_____

D. IMPORTANCE OF THE AIDS ISSUE

Perceived importance of AIDS as a problem in your local Hispanic community:

1. Importance of AIDS problem as perceived by Hispanic agency representatives and community leaders (check one)

___ Critical problem
___ Very serious problem
___ Moderate problem
___ Minor problem
___ Not a problem

2. Importance of AIDS problem as perceived by general Hispanic community (check one)

___ Critical problem
___ Very serious problem
___ Moderate problem
___ Minor problem
___ Not a problem

E. AVAILABILITY OF AIDS-RELATED RESOURCES AND SERVICES

1. Check the services listed below which exist in your community, whether or not they target Hispanics:

___ Information and referral
___ Anonymous HIV testing
___ Hospital-based health care for persons with AIDS, ARC
___ Hospice care for persons with AIDS, ARC
___ Intermediate health care for persons with AIDS, ARC
___ Outpatient health care for persons with AIDS, ARC
___ Counseling for persons with AIDS
___ Counseling for family members of persons with AIDS
___ Housing for people with AIDS
___ AIDS component of drug treatment program
___ Income maintenance support services for people with AIDS
___ Other supportive services for people with AIDS
___ Workplace-based AIDS education
___ Media-focused outreach/education
___ Community-based outreach/education
___ Other education and prevention services
___ Other (specify _____)

2. Check all services that currently exist AND target Hispanics; try to identify each organization which provides these services and LIST its NAME, SERVICES, TARGET AREA, SERVICE CAPACITY, AND RESOURCES on a separate page.

___ Information and referral
___ Anonymous HIV testing
___ Hospital-based health care for persons with AIDS, ARC
___ Hospice care for persons with AIDS, ARC
___ Intermediate health care for persons with AIDS, ARC
___ Outpatient health care for persons with AIDS, ARC
___ Counseling for persons with AIDS
___ Counseling for family members of persons with AIDS
___ Housing for people with AIDS
___ AIDS component of drug treatment program
___ Income maintenance support services for people with AIDS
___ Other supportive services for people with AIDS
___ Workplace-based AIDS education
___ Media-focused outreach/education
___ Community-based outreach/education
___ Other education and prevention services
___ Other (specify _____)

3. Check all service categories in which ADDITIONAL RESOURCES OR SERVICE CAPACITY are needed for the Hispanic community:

___ Information and referral
___ Anonymous HIV testing
___ Hospital-based health care for persons with AIDS, ARC
___ Hospice care for persons with AIDS, ARC
___ Intermediate health care for persons with AIDS, ARC
___ Outpatient health care for persons with AIDS, ARC
___ Counseling for persons with AIDS
___ Counseling for family members of persons with AIDS
___ Housing for people with AIDS
___ AIDS component of drug treatment program
___ Income maintenance support services for people with AIDS
___ Other supportive services for people with AIDS
___ Workplace-based AIDS education
___ Media-focused outreach/education
___ Community-based outreach/education
___ Other education and prevention services
___ Other (specify _____)

4. From the above list, identify and list below UP TO FIVE TYPES OF SERVICES for which there is the greatest unmet need among Hispanics in your community.

1. _____

2. _____

3. _____

4. _____

5. _____

5. Describe any AIDS education/prevention program model(s) in your community which effectively reaches Hispanics and should be considered for replication elsewhere.

Check here if none exists ____

For each model, indicate target group(s), types of services, who runs it, effective or innovative components; attach additional sheets if necessary

_____

_____

_____

_____

_____

6. Indicate how many Hispanic-focused agencies or organizations in your community are involved in AIDS education, prevention, and/or treatment:

_____ Number

7. Indicate the extent to which materials appropriate for the Hispanic community are needed.

Type of Material	Level of Need Locally		
	Badly needed	Somewhat needed	Not needed - already exist
a. Written AIDS education materials in English	____	____	____
b. Written AIDS education materials in Spanish	____	____	____
c. Audio-visual materials in English	____	____	____
d. Audio-visual materials in Spanish	____	____	____

8. Existence of AIDS coalition(s) in your community (check one or both):

____ a. General AIDS Coalition exists

Membership includes: ___ public agencies
___ philanthropic/corporate community
___ community agencies
___ other (specify _____)

(Attach list of members if available.)

____ b. Hispanic AIDS Coalition exists

Membership includes: ___ public agencies
___ philanthropic/corporate community
___ community agencies
___ other (specify _____)

(Attach list of members if available.)

____ C. Hispanic Health Coalition exists

Membership includes: ___ public agencies
___ philanthropic/corporate community
___ community agencies
___ other (specify _____)

(Attach list of members if available.)

F. PRIORITY NEEDS

Please identify by level of priority the perceived needs of the local community which must be met in order to effectively address the AIDS problem. Put a "1" next to the items you consider VERY IMPORTANT NEEDS, a "2" next to those you consider SOMEWHAT IMPORTANT NEEDS, a "3" next to those you consider NOT VERY IMPORTANT NEEDS, and a "0" next to any item you do not feel is needed.

___ **Program models for community outreach**
___ **Program models for media outreach**
___ **Program models for reaching particular population(s)**
(Specify population _____)
___ **AIDS education models -- presentations/group approaches**
___ **AIDS education models -- one-on-one intervention approaches**
___ **AIDS education models -- other (specify** _____)
___ **Staff training -- to prepare individuals/agencies to operate effective AIDS prevention and education efforts**
___ **Leadership training -- to prepare individuals/agencies to take a leadership role in developing responses to the AIDS problem**
___ **Other training (specify** _____)
___ **Additional funding and other resources**

F. PRIORITY NEEDS, CONT.

___ Training/technical assistance in resource development
___ Establishment of a general community AIDS coalition
___ Establishment of an Hispanic AIDS coalition
___ Technical assistance in developing/operating effective programs
___ Other technical assistance (specify _____)
___ Effective written education materials in Spanish
___ Effective written education materials in English
___ Effective audio-visual education materials in English
___ Effective audio-visual education materials in Spanish
___ Health care for people with AIDS, ARC - hospital-based
___ Health care for people with AIDS - community-based
___ Income maintenance assistance for people with AIDS
___ Housing for people with AIDS
___ Other supportive services for people with AIDS (specify)

_____

_____

___ Other (specify _____)

WORKSHEET #4:

ASSESSING POSSIBLE ROLES FOR YOUR ORGANIZATION

Step 9 identifies a number of factors to consider in assessing possible roles for your organization in addressing AIDS. Be sure to consider carefully what you have learned about community needs and service gaps, nov and in the foreseeable future. This vorksheet can help you decide vhich of those gaps your agency should try to fill. Remember that your agency may have only a limited ability to respond immediately to this crisis. The assessment process might best be carried out through a meeting of your agency's Board and staff leadership.

1. List where everyone can see them the major AIDS-related service needs and gaps you have identified.

2. List your agency's major strengths vhich might be put to use in providing AIDS-related programs.

3. Summarize your contacts and your advocacy experience and capability, including experience in vorking vith coalitions, vith the media, and vith public officials, elected and appointed.

4. Nov list all the possible roles you can identify for your agency -- from adding an AIDS education component to some existing program to starting a nev project -- vhich seem to build on your strengths and contacts.

5. Compare the list you have just prepared in Step 4 vith the service needs and gaps you identified in Step 1, and identify possible roles vhich clearly meet community needs -- this vill generate a nev list of possible roles vhich both build on your agency's strengths and meet a community need.

6. For each of these possible roles, consider the folloving:

   * Level of priority you feel it has in terms of community needs
   * Your current capacity to implement it successfully
   * Nev resources needed -- including personnel time as vell as money
   * Probability that you vill be able to obtain or make available those resources
   * Advantages to your agency in taking on this role
   * Disadvantages to your agency in taking on this role
   * Other factors you feel should be considered

7. Based on the above analysis, identify those roles you DEFINITELY vant to take on this year, any other roles you would like to add later or under certain conditions, and those roles you do NOT vant to play.

WORKSHEET #5:

DEVELOPING AN AIDS ACTION PLAN FOR YOUR AGENCY

1. Briefly describe the role(s) your agency has decided to play in addressing the AIDS crisis -- what you will try to accomplish, what services you will provide, what involvement you expect to have in AIDS planning and coordination.

2. List the GOALS which you hope to reach in the next three to five years.

3. Specify MEASURABLE OBJECTIVES for the first year. Try to include desired OUTCOMES (for example, changes in knowledge, attitudes, behavior) as well as PROCESSES (for example, education services provided to a specific number of people in a particular target group, number of pamphlets handed out, number of people tested)

4. In order to meet these objectives, list in chronological order:

   * The major components or services you plan to initiate
   * The major tasks or activities you will carry out for each component or service
   * The deadline for each task or activity
   * The person(s) responsible for each task or activity

   Summarize this information on the attached chart.

5. Outline a plan for DOCUMENTING your work and ASSESSING whether your efforts are meeting their objectives.

6. Develop a budget for each component and figure out the total amount of new resources required to carry out your first-year action plan.

TASK AND ACTIVITY CHART

Task/Activity	Time Deadline	Responsibility
COMPONENT #1:		
COMPONENT #2:		
COMPONENT #3:		

THE NATIONAL COUNCIL OF LA RAZA AIDS CENTER

The National Council of La Raza's Hispanic AIDS Technical Support and Information Center (La Raza AIDS Center) is a five - year project designed to bring together Council affiliates and other groups -- including national, regional, and local entities, Hispanic and non-Hispanic, which share a commitment to AIDS prevention and education -- into a mutually supportive information- and skill-sharing network. The La Raza AIDS Center is designed to provide the network with training, technical assistance and resources to reach and educate Hispanics about AIDS prevention and care.

During the first funding period, the Center will carry out five major, interrelated types of activities, all built around the concept of an interactive AIDS network. These include:

1. **Network Development and Expansion** -- The Center will establish and maintain a computerized network of community-based organizations which are committed to playing a long-term role in AIDS prevention and education and which have the capacity to target and reach Hispanic populations.

2. **Hispanic Community Needs Assessment** -- Local analyses and a national summary of AIDS-related needs and resources in the Hispanic community will be prepared to provide local groups with a basis for planning appropriate activities and to guide the Center's priority-setting and activities.

3. **Development of Action Guides** -- The Center will develop, test, and widely disseminate practical manuals or "action guides" designed to provide step-by-step guidance to family-focused Hispanic groups on how to play an effective role in AIDS prevention and education.

4. **Training** -- A major means of capacity building will be structured training sessions for staff, board members, and volunteers from Hispanic community-based organizations and other entities involved in Hispanic-focused AIDS prevention and education, to help local groups understand the AIDS problem, begin to plan for their involvement in addressing it, and serve as trainers to other local people who will be a part of their activities.

5. **Technical Assistance and Information Sharing** -- The Center will provide both individualized on-site assistance and other forms of consultation and information sharing designed to keep network members informed about developments in AIDS prevention and education and assist local groups in planning and carrying out effective programs. This includes publishing of a bimonthly newsletter, **La Raza AIDS/SIDA Network News**, designed specifically to provide practical information on AIDS prevention and education research, resources, and models for Hispanic groups.

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